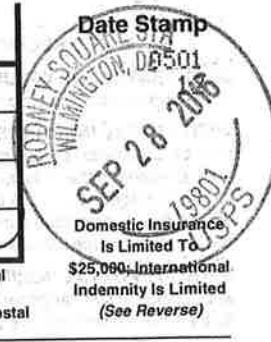


EXHIBIT A

Registered No. RE688467936US

To Be Completed By Post Office	Reg. Fee \$7.35	Special \$ Delivery
	Handling \$ \$11.70 Charge	Return \$ Receipt
	Postage \$ \$2.70	Restricted \$ Delivery
	Received by \$0.00	\$0.00



To Be Completed (Please Print) All Entries Must Be in Ballpoint or Typed	Customer Must Declare Full Value \$	<input type="checkbox"/> With Postal Insurance
	\$0.00	<input checked="" type="checkbox"/> Without Postal Insurance

To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	Peter M. Mondell, Esq. Elizabet Austin Tarlov Mondell PO Box 1630 Wilmington DE 19899-1630
	TO	Corp. Service Comp. Registered Agent for 2711 Centerville Rd Lambot Street LLC Suite 400 Wilmington DE 19808

PS Form 3806, Receipt for Registered Mail (Customer Copy)
February 1995 (See Information on Reverse)

EXHIBIT B

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>Willis Sally</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee X</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: Lamboll Street LLC File No. 5215287 Corporation Service Company Registered Agent 2711 Centerville Rd, Suite 400 Wilmington DE 19808  9590 9402 1819 6074 3510 29 <p>2. Article Number (Transfer from service label)</p> </p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

